



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks ! through 4 should be

completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to
the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence
address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.
77 A 1/7 A 1

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

20985

7590

12/22/2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

FISH & RICHARDSON P.C. 12390 EL CAMINO REAL SAN DIEGO, CALIFORNIA 92130

03/21/2005 EHAILE2 00000040 09680665

01 FC:1501

(Authorized Signature)

Typed or Printed Name

Certificate of Mailing or Transmission

I becep certify that this Fee(s) Transmittal is being deposited with the nite States Postal Service with sufficient postage for first class mail an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. Roxanne Ippolito (Depositor's name) (Signature) 03/2/5/2005 (Date)

APPLICATION NO.	FILING DATE		FIRST NAM	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/680,665	10/06/2000	Avner Dor			10559-346001	9766	
TITLE OF INVENTION: METHOD AND APPARATUS FOR EFFECTIVELY PERFORMING LINEAR TRANSFORMATIONS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	03/22/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
DO, CHAT C.		2124		708-400000	-		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  [ ] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  [ ] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE (CITY and STATE OR COUNTRY)							
Intel Corporation Santa Clara, CA							
Please check the appropriate	assignee category or categorie	s (will not be p	rinted on the p	atent): [ ] individual [X]	corporation or other private grou	p entity [ ] government	
4a. The following fee(s) are enclosed:  [X] Issue Fee  [] Publication Fee (No small entity discount permitted)  [] Advance Order - # of Copies				4b. Payment of Fee(s):  [X] A check in the amount of the fee(s) is enclosed.  [] Payment by credit card. Form PTO-2038 is attached.  [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).			
	(from status indicated above) IALL ENTITY status. See 37	CFR 1.2.7.	[ ]b. Ap	oplicant is no longer claiming S	MALL ENTITY status. See 37 (	CFR 1.27(g)(2).	
The Director of the USPTO i NOTE: The issue Fee and Po shown by the records of the U	s requested to apply the Issue lublication Fee (if required) will Judied States Patent and Trade	Fee and Publical not be accepted mark Office.	ation Fee (if ared from anyon	ny) or to re-apply any previousle other than the applicant, a reg	y paid issue fee to the application sistered agent or; or the assignee of	identified above. or other party in interest as	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

(Date)

Registration No. .47,671

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

William E. Hunter

March 15, 2005